

EARTH SCIENCES DIVISION PROPOSAL INITIATION FORM

Please complete all sections.

1. Proposal Tracking Numbers	
ESD	
RAPID	

PROJECT / FACILITY SAFETY REVIEW QUESTIONNAIRE (SRQ)

1. PROJECT TITLE:		
2. PI or Project Leader:		3. Project ID No.:
4. Which best describes this project/facility (number in sequence if more than one applies) <input type="checkbox"/> __ Hardware design, fabrication, or testing <input type="checkbox"/> __ Experimental work at LBL <input type="checkbox"/> __ Computation or theory (Also check "Ergonomics" in item 9) <input type="checkbox"/> __ Off-site work (where? _____) (Safety Plan Required [OSSEPP])		
5. Staffing (FTE): <input type="checkbox"/> Div. Staff ____ <input type="checkbox"/> GSRA's ____ <input type="checkbox"/> Other LBL (matrixed) ____ <input type="checkbox"/> Guests ____		
6. What building(s) and room(s) does this project/facility occupy?		
7. Does this project/facility need/have:		
Activity Hazard Document?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
Radiological Work Authorization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
Sealed Source Authorizations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
General License Authorization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
Laser Authorization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
Biosafety Authorization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
X-Ray Authorization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
8. Does this project currently have other Safety Documents, or Environmental Permits?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW		
9. Which of the following hazards apply to this project? (check all that apply):		
<input type="checkbox"/> Compressed gas	<input type="checkbox"/> Heavy objects (requiring crane or other moving equipment)	
<input type="checkbox"/> Chemical hazards (e.g. toxic, carcinogenic, caustic, explosive)	<input type="checkbox"/> High or low temperatures (e.g. heated device or cryogenic fluid)	
<input type="checkbox"/> Electrical (including stored energy)	<input type="checkbox"/> High power RF fields (add field strength)	
<input type="checkbox"/> Fire (flammability) hazards	<input type="checkbox"/> Possible oxygen deficiency or confined space	
<input type="checkbox"/> Radiation hazards (sealed sources, isotopes, X-ray sources, work at accelerators)	<input type="checkbox"/> Personal Protection Equipment (e.g. ear protectors, respirators, gloves)	
<input type="checkbox"/> High voltage or High current (add description)	<input type="checkbox"/> Possible Environmental Impacts	
<input type="checkbox"/> Laser (class 3 or 4)	<input type="checkbox"/> Bio-hazards (BSL 2, 3, or 4)	
<input type="checkbox"/> High pressure gas or fluid?	<input type="checkbox"/> Ergonomics (e.g. VDT's, extensive keyboard use, back injury hazards)	
<input type="checkbox"/> 150 psi gas	<input type="checkbox"/> Work from heights	
<input type="checkbox"/> 1500 psi liquid		
10. Give a short listing of safety measures taken to reduce the risks associated with the hazards indicated in Item 9 (e.g. interlocks, gas detectors, safety reviews, training, ergonomics/ergo evaluation, etc.):		
11. Name of designated safety contact person (typically PI) for the project/facility?:		
12. Will this project generate hazardous waste? <input type="checkbox"/> YES <input type="checkbox"/> NO		
13. If hazardous waste will be generated, provide the following information:		
Type of waste: _____	Annual Amount:: _____	
Location of SAA (Building & Room): _____	<input type="checkbox"/> Existing	<input type="checkbox"/> New

*Please note that ES&H costs are born by the project.

14.

Signature of PI submitting proposal Date _____ SRQ Reviewed by Division Safety Coordinator Date _____

**INSTRUCTIONS FOR
COMPLETING THE PROPOSAL INITIATION FORM**
(Items do not need to be completed in the order numbered.)

Page 1. Proposal Details

Budget/Resource Analyst

1. Double click in the header to activate and enter Proposal Tracking numbers after Principal Investigator returns the completed Proposal Initiation Form (PIF).

Principal Investigator

2. Enter title of proposal.
3. (a-b) List name of 1 principal investigator and 1 co-principal investigator. Include Phone, Fax, and Email.
- 4–9 Provide the Sponsor information as requested.
10. Write a brief description of the scope of work being proposed.
- 11a. Check box for proposal type (new or renewal/continuation). If the proposal is a renewal / continuation, provide the current Project IDs (account numbers) or the title of current ESD project.
12. If there are other external organizations involved, list their names.
13. If this is a formal solicitation, type in the URL of the website where proposal documentation can be located, email the forms to the Budget/Resource Analyst, or attach the forms to the PIF.
14. Indicate the Sponsor's proposal due date.
15. Enter the start date of the work being proposed.
16. Enter the duration of the proposed work.
17. Enter the total funds being requested in \$K. Make sure you include in-direct costs, burdens, and other charges.
18. Print name of the Program Head or designated reviewer. Obtain the Program Head's signature and date to indicate completion of review.
19. Print name of the technical reviewer. Obtain the technical reviewer signature and date to indicate completion of review.

Page 2-3. Budget Estimate Worksheets

Principal Investigator

1. Enter the information on Lab personnel you intend to join in the proposed work. Include any unnamed Lab and Non-LBNL personnel. Enter title and duration of effort for each fiscal year.
2. (a-d) If you are planning to bring in new personnel, will require additional office or laboratory space, or will require modifications to existing space, you must send and email to the Space Coordinators:
Office: Maryann Villavert, x7357, mvillavert@lbl.gov
Labs: Ernie Majer, x6709, elmajer@lbl.gov
Provide details as needed and include estimated costs in budget formulation.
3. Indicate any shop or fabrication time and effort costs.
4. If you plan to subcontract services, indicate time and effort costs per fiscal year.
5. If you require any equipment/property, such as computers, laser printers, tools, etc. indicate item description, possible vendors and quotes, and location of where equipment will reside.
6. If you require any supplies or small purchase, such as chemicals, small parts, publication costs, etc. indicate item description, estimated cost.
7. If you plan to travel, indicate locations, total cost of each trip, and length of trip.
8. Direct costs include recharge costs for ES&H, space, telephone, computing services and support, administrative support, etc. You must take these into account and include these cost estimates since you are using LBNL facilities and resources to support this work.
9. Indicate if the work has any special requirements, which have not been addressed on the form.
10. If you are submitting a proposal to DOE, you must include a statement related to LBNL's unique expertise in the area of the work.
11. Indicate what DOE Program the project is related to.

(Continued on next page)

Page 4. Project/Facility Questionnaire

Principal Investigator

1. Enter title of proposal. (Copy/paste from page 1).
2. Enter the PI or Project Leader's name
3. Enter the LBNL Project ID if this is a continuation/renewal. Leave blank if it is a new project unless you know what the Project ID will be.
4. Check the applicable box. If more than one applies, enter the number in sequence to the right of the box on the line provided. If you select off-site work, please indicate a specific location, city, state. Note that you will need to complete ESD's OSSEPP form prior to any travel to the site. Computation or theory implies extensive computer use poses ergonomic hazards (complete Item 9).
5. Check the applicable box(es) and indicate the number of FTE
6. Identify the building(s) and room(s) for this project. Be specific if it is an off-site project.
- 7-8. Check the box, YES, NO, or DON'T KNOW per item. Consult with the ESD Safety Coordinator if there are questions.
9. Check all that apply.
10. Identify a list of safety measures you will take to reduce risk while working on this project.
11. Identify the person who will be the safety contact on this project. Typically this is the PI.
12. Indicate if this project generates hazardous waste. Contact the ESD Safety Coordinator, Jill Geller or refer to <http://www-esd.lbl.gov/ESDEHS/safequest.html>
13. If the answer to item 12 is "Yes," please identify the type of waste (Mixed waste handling is charged to project), the annual amount (volume), and the location of the Satellite Accumulation Area (SAA), or if a new SAA will need to be set up.

Principal Investigator

14. Sign and date the PIF once you have completed the form and forward it to the Budget/Resource Analyst to route for additional reviews and signatures.